

EXHIBIT B



CERTIFICATE OF LIABILITY INSURANCE

3/1/2024

DATE (MM/DD/YYYY)

5/26/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000 kcasu@lockton.com	CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL ADDRESS:	FAX (A/C, No):
INSURED	YRC INC. DBA YRC FREIGHT 11500 OUTLOOK STREET OVERLAND PARK KS 66211	INSURER(S) AFFORDING COVERAGE INSURER A : Old Republic Insurance Company	NAIC # 24147
		INSURER B : Travelers Property Casualty Company of America	25674
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES *		CERTIFICATE NUMBER: 18251929		REVISION NUMBER: XXXXXXX				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	Y	Y	MWML18562	6/1/2023	6/1/2024	EACH OCCURRENCE \$ 6,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 6,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP AGG \$ 6,000,000 \$	
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	MWML18562	6/1/2023	6/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 6,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	Y	MWC108894	6/1/2023	6/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 6,000,000 E.L. DISEASE - EA EMPLOYEE \$ 6,000,000 E.L. DISEASE - POLICY LIMIT \$ 6,000,000
B	CARGO PROPERTY	N	Y	QT-660-7S98668A-TIL-23 KTJ-CMB-1T61970-A-23	6/1/2023 3/1/2023	6/1/2024 3/1/2024	\$5,000,000 PER OCCURRENCE LIMIT: \$100,000,000	
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) RE: 1265 LA QUINTA DRIVE ORLANDO, FL LINKBU#BR40026 & 6891 (NEW) SEE NEXT PAGE								

CERTIFICATE HOLDER

CANCELLATION

18251929
LINK LOGISTICS REAL ESTATE HOLDCO LLC
602 W OFFICE CENTER DR, SUITE 200
FT WASHINGTON PA 19034

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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GPT ORLANDO TERMINAL OWNER LLC, CUSHMAN & WAKEFIELD US, INC., LINK LOGISTICS REAL ESTATE HOLDCO LLC , AND REVANTAGE CORPORATE SERVICES LLC ARE NAMED AS ADDITIONAL INSUREDS ON A PRIMARY/CONTRIBUTORY BASIS WITH RESPECT TO THE ABOVE GENERAL LIABILITY, AUTOMOBILE, AND EXCESS POLICIES IF REQUIRED BY A WRITTEN CONTRACT. WITH RESPECT TO LIABILITY ARISING OUT OF THAT PART OF THE PREMISES OR LAND LEASED BY THE INSURED WHILE IN THEIR CARE, CUSTODY AND CONTROL BUT ONLY TO THE EXTENT OF THE NAMED INSURED'S OWN NEGLIGENCE. PROPERTY POLICY SHALL BE PRIMARY TO ANY OTHER INSURANCE IN FORCE FOR OR WHICH MAY BE PURCHASED BY ADDITIONAL INSUREDS. ADDITIONAL INSUREDS ARE INCLUDED AS LOSS PAYEE AS RESPECT REFERENCED PROPERTY. WAIVER OF SUBROGATION APPLIES IN FAVOR OF CERTIFICATE HOLDER WITH RESPECTS TO PROPERTY COVERAGE AND WORKERS COMPENSATION, BUT ONLY TO THE NAME INSURED'S OWN NEGLIGENCE, AS AGREED BY WRITTEN CONTRACT AND ALLOWED BY LAW.



CERTIFICATE OF LIABILITY INSURANCE

6/1/2024

DATE (MM/DD/YYYY)

5/26/2023

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PRODUCER	Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000 kcasu@lockton.com	CONTACT NAME:	
		PHONE (A/C, No. Ext):	FAX (A/C, No.):
INSURED 1504314 YRC INC. DBA YRC FREIGHT 11500 OUTLOOK STREET OVERLAND PARK KS 66211	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Old Republic Insurance Company		24147
	INSURER B: Travelers Property Casualty Company of America		25674
	INSURER C: Illinois Union Insurance Company		27960
	INSURER D:		
INSURER E:			
INSURER F:			

COVERS * **CERTIFICATE NUMBER:** 19421063 **REVISION NUMBER:** XXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	Y MWML18562	6/1/2023	6/1/2024	EACH OCCURRENCE \$ 6,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 6,000,000 GENERAL AGGREGATE \$ 6,000,000 PRODUCTS - COMP/OP AGG \$ 6,000,000 OTHER: \$
A	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY HIRED AUTOS ONLY	Y	Y MWML18562	6/1/2023	6/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 6,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE		NOT APPLICABLE			EACH OCCURRENCE \$ XXXXXXXX AGGREGATE \$ XXXXXXXX \$ XXXXXXXX
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	Y MWC108894	6/1/2023	6/1/2024	X PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 6,000,000 E.L. DISEASE - EA EMPLOYEE \$ 6,000,000 E.L. DISEASE - POLICY LIMIT \$ 6,000,000
B C	CARGO POLLUTION LIABILITY	N N	QT-660-7S98668A-TIL-23 PPI G2784652A-005	6/1/2023 9/11/2022	6/1/2024 9/11/2025	\$5,000,000 PER OCCURENCE \$1,00,000 PER INCIDENT AGG: \$2,000,000 DED: \$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: 50 BURT DRIVE, DEER PARK, NY LINKBU#BR40018 & 6889
GPT DEER PARK TERMINAL OWNERS LLC, IN HOUSE, LINK LOGISTICS REAL ESTATE HOLDCO LLC AND REVANTAGE CORPORATE SERVICES LLC ARE ADDITIONAL INSUREDs WITH RESPECT TO LIABILITY ARISING OUT OF THAT PART OF THE PREMISES OR LAND LEASED BY THE INSURED WHILE IN THEIR CARE, CUSTODY AND CONTROL BUT ONLY TO THE EXTENT OF THE NAMED INSURED's OWN NEGLIGENCE.

GENERAL LIABILITY POLICY SHALL BE PRIMARY AND NON-CONTRIBUTORY WITH ANY OTHER INSURANCE IN FORCE FOR OR WHICH MAY BE PURCHASED BY ADDITIONAL INSUREDs

CERTIFICATE HOLDER

CANCELLATION See Attachment

19421063 LINK LOGISTICS REAL ESTATE HOLDCO LLC 602 W OFFICE CENTER DR, SUITE 200 FT. WASHINGTON PA 19034	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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WAIVER OF SUBROGATION APPLIES IN FAVOR OF ADDITIONAL INSUREDS WITH RESPECTS TO GENERAL LIABILITY, AUTO LIABILITY AND WORKER'S COMPENSATION AS PER WRITTEN CONTRACT.

INSURER AFFORDING COVERAGE:

TRAVELERS PROPERTY CASUALTY COMPANY OF AMERICA NAIC#: 25674 POLICY NUMBER: KTJ-CMB-5K84843-3-23

EFF DATE: 03/01/2023 EXP DATE: 03/01/2024

TYPE OF INSURANCE: PROPERTY/ALL RISK

LIMIT DESCRIPTION: BLANKET LIMIT

LIMIT AMOUNT: \$100,000,000



CERTIFICATE OF LIABILITY INSURANCE

3/1/2024

DATE (MM/DD/YYYY)
5/26/2023

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PRODUCER Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000 kcasu@lockton.com	CONTACT NAME: PHONE (A/C. No. Ext): FAX (A/C. No.): E-MAIL: ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A : Old Republic Insurance Company 24147 INSURER B : Travelers Property Casualty Company of America 25674 INSURER C : INSURER D : INSURER E : INSURER F :
INSURED 1504346 YELLOW LOGISTICS, INC. F/K/A HNRY LOGISTICS, INC. 5200 W. 110TH STREET OVERLAND PARK KS 66211	

COVERAGES		CERTIFICATE NUMBER:		REVISION NUMBER: XXXXXXX						
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INSR LTR	TYPE OF INSURANCE		ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR				MWML18562	6/1/2023	6/1/2024	EACH OCCURRENCE	\$ 6,000,000	
								DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	
			MED EXP (Any one person)	\$ 10,000						
			PERSONAL & ADV INJURY	\$ 6,000,000						
			GENERAL AGGREGATE	\$ 6,000,000						
			PRODUCTS - COMP/OP AGG	\$ 6,000,000						
				\$						
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY				MWML18562	6/1/2023	6/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 6,000,000	
								BODILY INJURY (Per person)	\$ XXXXXXXX	
			BODILY INJURY (Per accident)	\$ XXXXXXXX						
			PROPERTY DAMAGE (Per accident)	\$ XXXXXXXX						
				\$ XXXXXXXX						
	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE				NOT APPLICABLE		EACH OCCURRENCE	\$ XXXXXXXX		
							AGGREGATE	\$ XXXXXXXX		
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							\$ XXXXXXXX		
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> N		Y/N N/A	N	MWC108894	6/1/2023	6/1/2024	X PER STATUTE	OTHE	
	If yes, describe under DESCRIPTION OF OPERATIONS below									
							E.L. DISEASE - EA EMPLOYEE	\$ 6,000,000		
							E.L. DISEASE - POLICY LIMIT	\$ 6,000,000		
B	PROPERTY		N	N	KTJ-CMB-1T61970-A-23	3/1/2023	3/1/2024	LIMIT: \$100,000,000		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 RE: 1250 TERMINUS DRIVE, SUITE 200 LITHIA SPRINGS, GA 30122.

SEE ATTACHED FOR ADDITIONAL INFORMATION

CERTIFICATE HOLDER

CANCELLATION

18249761
 LINK LOGISTICS REAL ESTATE HOLDCO LLC
 602 W OFFICE CENTER DR, SUITE 200
 FORT WASHINGTON PA 19034

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CONTINUATION DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS (Use only if more space is required)

BREIT INDUSTRIAL CANYON GA1B01 LLC, STREAM REALTY PARTNERS LP, LINK LOGISTICS REAL ESTATE HOLDCO LLC, REVANTAGE CORPORATE SERVICES LLC ARE LISTED AS ADDITIONAL INSUREDS WITH RESPECT TO LIABILITY ARISING OUT OF THAT PART OF THE PREMISES OR LAND LEASED BY THE INSURED WHILE IN THEIR CARE, CUSTODY, AND CONTROL BUT ONLY TO THE EXTENT OF THE NAMED INSURED'S OWN NEGLIGENCE. CAUSES OF LOSS – SPECIAL FORM PROPERTY INSURANCE 100% OF REPLACEMENT COST; COVERAGE EXTENDS TO ADDITIONS, IMPROVEMENTS & ALTERATIONS BUSINESS INTERRUPTION INSURANCE 1 YEAR OF NET INCOME PLUS OPERATING EXPENSES GENERAL LIABILITY POLICY SHALL BE PRIMARY AND NON-CONTRIBUTORY WITH ANY OTHER INSURANCE IN FORCE FOR OR WHICH MAY BE PURCHASED BY ADDITIONAL INSURED. WAIVER OF SUBROGATION APPLIES IN FAVOR OF ADDITIONAL INSURED WITH RESPECTS TO GENERAL LIABILITY AS PER WRITTEN CONTRACT AND WHERE ALLOWED BY LAW.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/1/2024

6/30/2023

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PRODUCER		Lockton Companies 444 W. 47th Street, Suite 900 Kansas City MO 64112-1906 (816) 960-9000 kcasu@lockton.com	CONTACT NAME: PHONE (A/C No. Ext): E-MAIL ADDRESS:	FAX (A/C, No):
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Old Republic Insurance Company		24147
INSURED 1504344		INSURER B : Travelers Property Casualty Company of America		25674
		INSURER C :		
		INSURER D :		
		INSURER E :		
		INSURER F :		

COVERAGES	CERTIFICATE NUMBER:	18251928	REVISION NUMBER:	XXXXXXX
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.				

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		Y	N	MWML18562	6/1/2023	6/1/2024	EACH OCCURRENCE	\$ 6,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000	
							MED EXP (Any one person)	\$ 10,000	
							PERSONAL & ADV INJURY	\$ 6,000,000	
							GENERAL AGGREGATE	\$ 6,000,000	
							PRODUCTS - COMP/OP AGG	\$ 6,000,000	
								\$	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:								
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> Hired AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY		Y	Y	MWML18562	6/1/2023	6/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 6,000,000
							BODILY INJURY (Per person)	\$ XXXXXXXX	
							BODILY INJURY (Per accident)	\$ XXXXXXXX	
							PROPERTY DAMAGE (Per accident)	\$ XXXXXXXX	
								\$ XXXXXXXX	
	UMBRELLA LIAB	OCCUR			NOT APPLICABLE		EACH OCCURRENCE	\$ XXXXXXXX	
	EXCESS LIAB	CLAIMS-MADE					AGGREGATE	\$ XXXXXXXX	
	DED	RETENTION \$						\$ XXXXXXXX	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N	N/A	N	MWC10894	6/1/2023	6/1/2024	X PER STATUTE	OTHE- R
							E.L. EACH ACCIDENT	\$ 6,000,000	
							E.L. DISEASE - EA EMPLOYEE	\$ 6,000,000	
							E.L. DISEASE - POLICY LIMIT	\$ 6,000,000	
B	CARGO PROPERTY	N	N	QT-660-7S98668A-TIL-23 KTJ-CMB-1T61970-A-23	6/1/2023 3/1/2023	6/1/2024 3/1/2024	\$5,000,000 PER OCCURRENCE LIMIT: \$100,000,000		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

THIS CERTIFICATE SUPersedes all previously issued certificates for this holder, applicable to the carriers listed and the policy term(s) referenced.

RE: 6351 SOUTH HANOVER ROAD 100 100, ELKRIDGE MD 21075

CERTIFICATE HOLDER	CANCELLATION
<p>18251928 LINK LOGISTICS REAL ESTATE HOLDCO LLC 602 W OFFICE CENTER DR, SUITE 200 FT. WASHINGTON PA 19034</p>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

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